

| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | Docket Number (Optional)<br>43315-232647    |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
|--|------------|---|-----------|--|------------|-------------------------|--|---|-------|------|-----------|---|-------|-------|----|---|--------|-------|----|--|--------|-------|----|--|--------|--------|----|
| Application Number<br>10/583,982-Conf. #8441   |            | Filed<br>April 23, 2007                     |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| For A METHOD TO RETRIEVE DATA FOR AN EQUIPMENT, PLANT OR A PROCESS   |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| Art Unit<br>2169   |            | Examiner<br>D. Truong                       |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 20%; text-align: center;"><u>Fee</u></th><th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 20%;"></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$130</td><td style="text-align: center;">\$65</td><td style="text-align: right;">\$ 130.00</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$490</td><td style="text-align: center;">\$245</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1110</td><td style="text-align: center;">\$555</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1730</td><td style="text-align: center;">\$865</td><td style="text-align: right;">\$</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2350</td><td style="text-align: center;">\$1175</td><td style="text-align: right;">\$</td></tr></tbody></table> |            |   |           |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65 | \$ 130.00 | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245 | \$ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555 | \$ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865 | \$ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175 | \$ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                     |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65  | \$ 130.00 |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490      | \$245                                       | \$        |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555                                       | \$        |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1730     | \$865                                       | \$        |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2350     | \$1175                                      | \$        |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.   |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0261.  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| I am the <input type="checkbox"/> applicant/inventor.  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 37,134  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34   |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| _____<br>/Eric J. Franklin/<br>Signature   |            | _____<br>April 21, 2010<br>Date             |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| _____<br>Eric J. Franklin<br>Typed or printed name   |            | _____<br>(202) 344-4936<br>Telephone Number |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.  |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |
| <input type="checkbox"/> Total of _____ forms are submitted.   |            |   |           |  |            |                         |  |   |       |      |           |   |       |       |    |   |        |       |    |  |        |       |    |  |        |        |    |